

ROSS MILLER Secretary of State 206 North Carson Street Carson City, Nevada 89701-4299 (775) 684 5708

Website: www.nvsos.gov

Certificate of Limited Partnership (PURSUANT TO NRS CHAPTER 88)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited Partnership: (see instructions)				
2. Street Address of Records Office in Nevada:	Street Address	City	Nevada	Zip Code
3. Registered Agent for Service of Process: (check only one box)	Commercial Registered Agent: Name Noncommercial Registered Agent (name and address below) OR	Office or Position (name and addres	ss below)	у
	Name of Noncommercial Registered Agent OR Name of	Title of Office of Other Position wit	1	
	Street Address	City	Nevada	Zip Code
	Street Address	City	Novada	·
	Mailing Address (if different from street address)	City	Nevada	Zip Code
4. Dissolution Date:	Latest date upon which the Limited Partnership is to		e completed)	
5. Name and Business Address of Each Initial General Partner: (add additional page if more than 2)	1) Name of General Partner Business Address 2) Name of General Partner Business Address	City	State	Zip Code Zip Code
6. Name, Business Address and Signature of Each Organizer:	1) Organizer Name	X Organizer Signature		
(add additional page if more than 2)	Business Address 2)	City	State	Zip Code
	Organizer Name	Organizer Signature		
	Business Address	City	State	Zip Code
8. Certificate of Acceptance of Appointment of	I hereby accept appointment as Registered Age	,		,
Registered Agent:	Authorized Signature of Registered Agent or On Behalf	of Registered Agent Entity	Date	



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Instructions for Certificate of Limited Partnership

(PURSUANT TO NRS 88)

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

- 1. <u>Name of the Limited Partnership:</u> The name may NOT contain the name of a limited partner unless it is also the name of a general partner or the corporate name of a corporate general partner, or the business of the limited partnership was carried out under that name before the admission of the limited partner and may not include anything that would imply that it was organized for any purpose other than that stated in the certificate. The name must contain the words "Limited Partnership," or initials "L.P." or "LP". The name must be distinguishable from the name of a limited-liability company, limited partnership, limited-liability limited partnership, limited-liability partnership, business trust or corporation already on file in this office. A name may be reserved, if available, for 90 days, by submitting a name reservation form with a \$25.00 filing fee to the office of the Secretary of State. For details you may call (775) 684-5708, visit www.nvsos.gov, or write to the Secretary of State, 206 North Carson Street, Carson City NV. 89701-4201. If it appears from the name and/or purpose of the entity being formed that it is to be regulated by the Financial Institutions Division, Insurance Division, State Board of Professional Engineers and Land Surveyors, State Board of Accountancy or Real Estate Division, the application will need to be approved by the regulating agency before it is filed with the Office of the Secretary of State.
- 2. <u>Location of Records Office:</u> State the street address in Nevada where the location of the records required by NRS 88.335 are maintained.
- 3. <u>Registered Agent:</u> Persons wishing to file a certificate of limited partnership in the State of Nevada must designate a person as a registered agent who resides or is located in this state. Every registered agent must have a street address in the state of Nevada for the service of process, and may have a separate Nevada mailing address such as a post office box, which may be different from the street address
- 4. <u>Dissolution Date:</u> State the latest date upon which the limited partnership is to dissolve.
- 5. <u>General Partners:</u> State the names and business addresses of each initial general partner. If there are more than two general partners use 8 $\frac{1}{2}$ " x 11" white paper to list all remaining general partners and attach it to the certificate.
- 6. <u>Organizers:</u> State the names and business addresses of the organizers. Each organizer must sign the articles.
- 7. <u>Registered Agent Acceptance:</u> The registered agent must complete and sign the certificate of acceptance at bottom of form or attach a separate signed certificate of acceptance.

IMPORTANT

<u>INITIAL LIST OF GENERAL PARTNERS:</u> Pursuant to NRS 88.395, each limited partnership organized under the laws of this state shall, on or before the last day of the first month after the filing of its certificate of limited partnership, and annually thereafter, file its list of general partners and registered agent. The initial list fee is \$125.00. Forms will be mailed to you upon the filing of your limited partnership and annually thereafter to the entity's registered agent.

<u>COPIES</u>: One file stamped copy of the certificate will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A <u>copy fee</u> of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order. NRS 88.335 requires that a limited partnership have at least one copy of the certificate of limited partnership to be kept in the office of the registered agent. The Secretary of State keeps the original filing.

CEREMONIAL CHARTER: Ceremonial (colored) charters are also available for an additional \$100.00.

FILING FEE: \$75.00 Filing fee is required. Filing may be expedited for an additional \$125.00 expedite fee.

Filing may be submitted at the office of the Secretary of State or by mail at the following addresses:

Secretary of State
New Filings Division
206 N. Carson Street
Carson City, NV 89701-4299
775-684-5708 Fax 775-684-7138

(This Office Accepts Expedited Filings Only)
Secretary of State-Satellite Office
Commercial Recordings Division
555 E. Washington Avenue, Suite 4000
Las Vegas, NV 89101
702-486-2880 Fax 702-486-2888



ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684 5708 Website: www.nvsos.gov

Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Acceptance of Appointment by Registered Agent:

In the matter of				
		Name of Business	s Entity	
Ι,				
am a: (complete only	Name o	f Registered Agent		
a) commer	cial registered agent listed	with the Nevada	Secretary of State,	
b) noncom	mercial registered agent wi	th the following	address for service of	process:
			Nevada	
Street Address		City		Zip Code
			Nevada	
Mailing Address (if different from street address)	City		Zip Code
and hereby state t	that on Date	I accepted t	he appointment as reç	gistered agent
for the above nam	ned business entity.			
Signature:				
X				
Authorized Signature	of P. A. or On Rehalf of P. A. Comn	any	Date	



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Customer Order Instructions

Service F	Requested:	Regular	24-Hour Expe	edite (additional fee included)
SUBMIT THIS COMPL	ETED FORM WITH YOUR FILING	G	USE BLACK INK	ONLY - DO NOT HIGHLIGHT
Name of Entity:				Date:
Return to:				
Contact Name:			Phone:	
Return Delivery	(mark one):	dEx: Account #		
Hold for Pi	ck Up 🔲 Mail	to Address Above	e Other (explain	ı below)
Order Description	ON (include items being ord	dered and fee breakdov	vn)*:	
stamped copy ordered additional copy is \$2 Method of Paym		no charge. Each for each certification.)	Total Amour	
_	y OrdereCheck	/ CIEUIL CAI'O (attach	checklist) Trust A	CCOUNT
☐ Use balance	e remaining in job #			



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2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETE	ED FORM WITH YOUR FILING USE BLACK INK ONLY - DO NOT HIGHLIGHT
Date:	2-Hour Expedite Service Requested: \$500.00 Fee Included
Return to:	
Address:	
Phone:	
Contact Person:	
Return Delivery (ma	rk one): FedEx: Account #
☐ Hold for Pick U	Jp
Confirmation Fax Name of Entity:	Number: Confirmation E-mail Address:
Order Description	(include items being ordered and fee breakdown)*:
	ffice keeps the original paperwork. The first file
stamped copy ordered	at the time of filing is at no charge. Each Total Amount: Diper page (plus \$30.00 for each certification.)
stamped copy ordered	per page (plus \$30.00 for each certification.)



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1-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Date: 1-	-Hour Expedite Service Requested: \$1000.00 Fee Included
Return to:	
Address:	
Phone:	
Contact Person:	
Return Delivery (mark one):	Ex: Account #
☐ Hold for Pick Up ☐ Mail to Add	dress Above
Confirmation Fax Number: Name of Entity:	Confirmation E-mail Address:
Order Description (include items being ord	lered and fee breakdown)*·
(morado nomo somigione	
* PLEASE NOTE: this office keeps the original par stamped copy ordered at the time of filing is at no additional copy is \$2.00 per page (plus \$30.00 for Method of Payment:	charge. Each Total Amount:
☐ Check/Money Order ☐ eCheck/C	Credit Card (attach checklist) Trust Account
☐ Use balance remaining in job #	



ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 Phone: (775) 684 5708

Website: www.nvsos.gov

24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

Time Constraints: Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



Authorized Signature

ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684 5708 Website: www.nvsos.gov

ePayment Checklist (For Counter, Fax and Mail Requests)

Corder Processing Requested: Regular Processing Requires Additional Fees) Regular Processing 24-HOUR Expedite 2-HOUR Expedite 1-HOUR Expedite Payment by Electronic Check (account holder name and address required below)	Service Type: Counter Mail	Fax USE BLACK INK ONLY - DO NOT HIGHLIGHT		
Payment by Electronic Check (account holder name and address required below) Account Type: Checking Savings Account Number: Amount of Electronic Check: USD \$ Payment by Card (card holder name and billing address required below) Card Type: VISA MasterCard Discover American Express Customer Credit Card Number: *3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card. NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filling or service request. Credit Card Expiration Date: Month Year Amount to Charge Card: USD \$ Order Information (required) Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account				
Account Type: Checking Savings Account Number: Amount of Electronic Check: USD \$ Payment by Card (card holder name and billing address required below) Card Type: VISA MasterCard Discover American Express Customer Credit Card Number: *3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card. NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month Year Amount to Charge Card: USD \$ Order Information (required) Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account	Regular Processing 24-HOUI	R Expedite 2-HOUR Expedite 1-HOUR Expedite		
Checking Savings Account Number: Amount of Electronic Check: USD \$ Payment by Card (card holder name and billing address required below) Card Type: VISA MasterCard Discover American Express Customer Credit Card Number: V CODE* * 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card. NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month Year Amount to Charge Card: USD \$ Order Information (required) Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account	Payment by Electronic Checl	k (account holder name and address required below)		
Amount of Electronic Check: USD\$ Payment by Card (card holder name and billing address required below) Card Type: VISA MasterCard Discover American Express Customer Credit Card Number: V CODE* *3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card. NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month Year Amount to Charge Card: USD\$ Order Information (required) Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account	Account Type: Routing Number:	Signal.		
Amount of Electronic Check: USD \$ Payment by Card (card holder name and billing address required below) Card Type: VISA MasterCard Discover American Express Customer Credit Card Number: V CODE* * 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card. NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month Year Amount to Charge Card: USD \$ Order Information (required) Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account		echeck		
Payment by Card (card holder name and billing address required below) Card Type: VISA MasterCard Discover American Express Customer Credit Card Number: V CODE* * 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found to the front right side of American Express card. NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Fallure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month Year Amount to Charge Card: USD \$ Order Information (required) Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account	Savings <u>Account Number:</u>			
Card Type: VISA MasterCard Discover American Express Customer Credit Card Number: V CODE* *3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card. NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month Year Amount to Charge Card: USD \$ Order Information (required) Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account		Amount of Electronic Check: USD \$		
Customer Credit Card Number: *3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card. NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month Year Amount to Charge Card: USD \$ Order Information (required) Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account	Payment by Card (card holder no	name and billing address required below)		
*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card. NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month Year Amount to Charge Card: USD \$ Order Information (required) Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account	Card Type: VISA Mas	sterCard Discover American Express		
NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month Year Amount to Charge Card: USD \$ Order Information (required) Entity Name/Order Reference: Name as it Appears on the Account	Customer Credit Card Number:	V CODE*		
NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month Year Amount to Charge Card: USD \$ Order Information (required) Entity Name/Order Reference: Name as it Appears on the Account				
NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month Year Amount to Charge Card: USD \$ Order Information (required) Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account				
Amount to Charge Card: USD \$ Order Information (required) Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account	NOTICE: For security and verification purp (VCode) number located on the credit card.	poses, all credit card payments must include the 3 or 4-digit CVV2 code		
Order Information (required) Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account	Credit Card Expiration Date: Month	Year		
Entity Name/Order Reference: Account/Card Holder Information: Name as it Appears on the Account		Amount to Charge Card: USD \$		
Account/Card Holder Information: Name as it Appears on the Account	Order Information (required)			
Name as it Appears on the Account	Entity Name/Order Reference:			
	Account/Card Holder Information:) :		
Billing Address	Name as it Appears on the Account	nt		
	Billing Address	S		
City, State, Zip	City, State, Zip	o		
Telephone	Telephone	e		
Payment Authorization	Payment Authorization			
I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):	I authorize the Secretary of State to bill an a	amount not to exceed the following to be charged to the above listed		
X Not to Exceed Amount: USD \$	X	Not to Exceed Amount: USD \$		



ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
Phone: (775) 684 5708

Phone: (775) 684 5708 Website: www.nvsos.gov

Copies and Certification Services Fee Schedule Effective 7-1-08

The following is a list of copies and certification services and the associated fees. Fees are per document unless otherwise noted.

SERVICE REQUESTED:

Copies Certification of Document	\$2.00 per page \$30.00
Search	\$50.00
Certificates:	ψ50.00
Certificate of Existence (evidence of good standing – short form)	\$50.00
Certificate of Existence (listing amendments – long form)	\$50.00
Ceremonial Certificate of Good Standing	\$100.00
Certificate Evidencing Name Change, Certificate of Fact of Merger,	Ψ100.00
Certificate of Default, Certificate of Revocation, Certificate of Dissolution,	
Certificate of Withdrawal, Certificate of Cancellation,	
Certificate of Non-Existence	\$50.00
Miscellaneous Certificates	\$50.00
Apostille (Hague Treaty Nations)/Certification (Non-Hague Treaty Nations)	\$20.00
Exemplification	\$50.00 \$50.00
Corporate Charter	\$50.00 \$50.00
Ceremonial Charter	\$100.00 \$100.00

EXPEDITE SERVICE:

Expedite service is available for copies, certificate and certification services. Fees for expedite service are in addition to the fees as listed above.

24 Hour Expedite Service: Order may be picked up or mailed out within 24-hours.

Copies: (per entity name) 1 to 10 pages	\$75.00 \$125.00
Certificates (per entity name & and certificate type): 1 to 10 certificates	\$75.00 \$125.00
Search: Expedite fee on search only; additional expedite fee required for copies	\$25.00
<u>4-Hour Expedite Service:</u> Order may be picked up or mailed within 4-hours. CERTIFICATES ONLY (per entity name & certificate type):	
1 or more certificates	\$125.00
2-Hour Expedite Service: Order may be picked up or mailed within 2-hours. 1 or more certificates (per entity name & and certificate type)	\$500.00 \$500.00
1-Hour Expedite Service: Order may be picked up or mailed within 1-hour. 1 or more certificates (per entity name & and certificate type)	\$1000.00 \$1000.00

BASIC INSTRUCTIONS:

- All orders may be submitted in writing, with fees enclosed, to the above address. Telephone orders with payment by VISA, Mastercard, Discover or American Express may be called into our Customer Service Department at (775) 684-5708. Trust account and credit card customers may fax <u>expedite orders only</u> to (775) 684-5645. Trust account orders must be received on company letterhead.
- 2. All orders not specified as a pick-up are mailed out via first-class mail, unless a Federal Express number is provided or other major courier pickup arrangement is made.
- 3. Fax back service is *only available* on 1-hour and 2-hour expedite orders for certificates or copies of 50 pages or less. This service must be requested at time of order with complete fax information provided.
- 4. Each order will be returned to one address only.

Revised: 7-1-08



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Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
Phone: (775) 684 5708

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Limited Partnership Fee Schedule Effective 7-1-08

LIMITED PARTNERSHIP FEES: Pursuant to NRS Chapters 87A and 88 for Domestic and Foreign Limited Partnerships.

Certificate of Limited Partnership	\$75.00
Registration of Foreign Limited Partnership	\$75.00
Reinstatement Fee	\$300.00
Certificate of Amendment	\$175.00
Restated Articles	\$175.00
Certificate of Correction	\$175.00
Merger	\$350.00
Termination pursuant to NRS 92A	\$350.00
Cancellation of Domestic Limited Partnership	\$75.00
Cancellation of Foreign Limited Partnership	\$75.00
Preclearance of any Document	\$125.00
Articles of Conversion – contact office for fee information	
Articles of Domestication – contact office for fee information	
24-Hour Expedite fee for above filings	\$125.00
Change of Noncommercial Registered Agent	\$60.00
Change of Registered Agent by Represented Entity	\$60.00
Resignation of General Partner	\$75.00
Resignation of Registered Agent (plus \$1.00 for each additional entity listed)	\$100.00
Name Reservation	\$25.00
24-Hour Expedite fee for above filings	\$25.00
Apostille	\$20.00
Ceremonial Charter	\$100.00
Certificate of Good Standing	\$50.00
Ceremonial Certificate of Good Standing	\$100.00
Initial List of General Partners	\$125.00
Annual or Amended List of General Partners	\$125.00
24-Hour Expedite fee for above filings	\$75.00
	A
Certification of Documents – per certification	\$30.00
Copies – per page	\$2.00
Late Fee for List of General Partners	\$75.00

2-Hour Expedite is available on all of the above filings at the fee of \$500.00 per item.

1-Hour Expedite is available on all of the above filings at the fee of \$1000.00 per item.

PLEASE NOTE: the expedite fee is in addition to the standard filing fee charged on each filing and/or order.

24-HOUR EXPEDITE TIME CONSTRAINTS:

Each filing submitted receives same day filing date and may be picked up within 24 hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form. The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages, or equipment malfunction. These extensions are few and will rarely extend more than a few hours.